City of Tempe - Community Services Department - Parks & Recreation 3500 S. Rural Road Tempe, Arizona 85282 (480) 350-5200

Application For Part-Time Recreation Employment

(NOT FOR SUMMER EMPLOYMENT)



Employment CHECK REQUIRED AVAILABILITY BEFORE INDICATING PROGRAM INTEREST. An Equal Opportunity Reasonable Accommodation Employer **TITLE OF** PRINT CLEARLY AND NEATLY IN INK OR USE TYPEWRITER. ANSWER ALL QUESTIONS COMPLETELY. SIGN THE APPLICATION POSITION: __ 2. Social Security #: ____ Address: 3. 4. E-mail Address: ____ Phone - Home: ______ Office: ______ Message: _____ State: _____ State: ____ Expiration Date: ____ 6. Driver's License: #: Is this license currently valid: Yes _____ No____ Are you at least 16 years old? Yes _____ No ____ Upon hiring, you may be required to show proof. Are you a United States citizen or a legally registered alien? Yes _____ No _____ Are you related to any member of the City Council or any City Board or Commission member or any City employee? Yes _____ No ____ If yes, indicate WORK, RELATIONSHIP AND POSITION: ____ 10. Have you ever worked for the City of Tempe? Yes _____ No ___ If yes, WHEN: ____ Month/Year From ______ To _____. Specify times you are available to work 11. Dates available: Tuesday Wednesday Thursday Friday Saturday Sunday Monday List specific hours you are available to work, i.e. 8am-12. EDUCATION: Circle highest grade completed GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 13. HIGH SCHOOL AND INSTITUTIONS OF HIGHER LEARNING **Dates Attended** Degree or Diploma Obtained Major Name 14. CERTIFICATION OR REGISTRATION: (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I., etc.) Current type of certifications: Expirations Date: Attach copies of current Certifications to application

EMPLOYMENT HISTORY:

Indicate your experience in each position beginning with your present or most recent position, including any military and volunteer experience. Show your entire work history. The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you are given further consideration for the position. You may attach a resume to your application: however, your qualifications will be evaluated solely on this completed application form and supplemental questionnaire(s).

		_ Phone:	
Address:	City	State	Zip Code
Kind of Business:			•
Supervisor Name/Title:			
Employment Dates: From To	Total Time There		
Hours Per Week Starting Wage \$			per
Description of work performed:			
Reason for leaving or wanting to change: May we contact this employer if you are considered for			
Place of Employment or Volunteer Experience:			
		_ Filone	
Street		State	Zip Code
Kind of Business:			
Supervisor Name/Title:			
Employment Dates: From To	Total Time There onth/Year Yea	r(s) Month(s)	
Hours Per Week Starting Wage \$	per Present/End	ing Wage \$	per
Hours Per Week Starting Wage \$ Description of work performed:			
Description of work performed:			
Description of work performed:			
Description of work performed:	or the position? YesI	No	
Description of work performed: Reason for leaving or wanting to change: May we contact this employer if you are considered for the performance of the performance o	or the position? YesI		
Description of work performed: Reason for leaving or wanting to change: May we contact this employer if you are considered for	or the position? YesI	No	
Description of work performed: Reason for leaving or wanting to change: May we contact this employer if you are considered for the performance of the performance o	or the position? YesI	NoPhone:	Zip Code
Description of work performed: Reason for leaving or wanting to change: May we contact this employer if you are considered for the place of Employment or Volunteer Experience: Address: Street	or the position? YesI city Your Title:	NoPhone:	Zip Code
Description of work performed:	or the position? YesI city Your Title:	No _ Phone: State	Zip Code
Description of work performed: Reason for leaving or wanting to change: May we contact this employer if you are considered for the place of Employment or Volunteer Experience: Address: Street Kind of Business: Supervisor Name/Title: Employment Dates: From To	city Your Title: onth/Year Total Time There	No	Zip Code
Description of work performed: Reason for leaving or wanting to change: May we contact this employer if you are considered for the place of Employment or Volunteer Experience: Address: Street Kind of Business: Supervisor Name/Title: Employment Dates: From Month/Year Hours Per Week Starting Wage \$	or the position? YesI city Your Title: onth/Year Total Time There per Present/End	No Phone: State r(s)Month(s) ing Wage \$	Zip Code
Description of work performed:	or the position? YesI city Your Title: onth/Year Total Time There per Present/End	No Phone: State r(s)Month(s) ing Wage \$	Zip Code
Reason for leaving or wanting to change: May we contact this employer if you are considered for the place of Employment or Volunteer Experience: Address: Street Kind of Business: Supervisor Name/Title: Employment Dates: From Month/Year Mo	city Your Title: Total Time There per Present/End	Phone: State T(s) Month(s) ing Wage \$	Zip Code

given a excessi	ou ever been convicted of a misdemeanor or felony (other than minor/civil traffic offenses), placed on probation, fined a suspended sentence (include military trial convictions?) Note: Reckless operation, hit-and-run, driving under the influe ive speeding, and similar charges are not considered minor traffic offenses; furthermore, an excessive number of traffic ns (including minor/civil offenses) should be reported.
Yes □	No lf Yes, give details, including charges, dates, locations, etc. (attach a separate page if necessary):
the City	your advantage to provide a full disclosure of your record, as convictions do not automatically bar you from employment y. However, failure to admit convictions will result in automatic disqualification from new or continued employn red by the specific considerations listed in the "Truth in Application Policy" below.)
	TRUTH IN APPLICATION POLICY
pa im	ne City of Tempe places a prime value on integrity. This value applies to all phases of City business. In inticular, the City values, and in fact requires, honesty in completing employment applications. This is portant to creating a fair process oriented towards selecting the best candidate. Therefore, the City will not erate lies or omissions of material fact on employment applications.
ba tim ma	ne City of Tempe has a "zero tolerance" of untruthfulness in application materials. The City conducts a ackground check upon hire to verify the information contained in the application. However, at the same ne that the City values integrity and truth in applications, it recognizes that people may make mistakes and ay learn from them. Therefore, the City's "zero tolerance", as stated in this policy, is tempered by the llowing considerations:
1.	Convictions will not automatically bar an application from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.
2.	Applicants are not required to report convictions that have been expunged or sealed by a court of law.
3.	If misstatements or omissions of material fact are discovered after seven (7) years of the date of an application, there may be grounds for dismissal from City employment, but such dismissal will be considered on a case-by-case basis, weighing the severity of the misstatement/omission against subsequent job performance and its relationship to the job.
do an	agree and understand that any deliberate misstatement or omission of material fact on application ocuments will cause forfeiture on my part of all eligibility to any employment with the City of Tempe, and will cause forfeiture of my job if I am currently employed or become employed by the City of empe.
	y signature on this application form acknowledges my understanding and agreement with the
	pove policy.

20. I certify that all statements made on all application materials are true and complete. In addition, I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

SIGNATURE DATE



Date(s) Employed:	
Address/City/Zip:	
Supervisor's Name/Title:	
Phone #: <u>(</u>)	Fax # <u>()</u>
Signature	Date
	T Te
Name:	Social Security No.:
	check my references with the following employer (complete one cation and supplement-make additional copies if needed):
Date(s) Employed:	
Company Name:	
Address/City/Zip:	
Supervisor's Name/Title:	
Phone #: ()	Fax # <u>(</u>
Signature	Date
	T Te
Name:	Social Security No.:
	check my references with the following employer (complete one cation and supplement-make additional copies if needed):
Date(s) Employed:	
Company Name:	
Address/City/Zip:	
Supervisor's Name/Title:	